(a) wethethe Government's attention has been drawn to the news item which appeared in "Hindustan" da^ed the 7th June, 2000 under the cap.ion "Hepatitis-B kahein jyada khatamak hai AIDS se";

(b) if so, the details thereof and the reason therefor; and

(c) the details of necessary action taken so far by Government to include the vaccination which safeguards children against Her^titis in the existing vaccination programme of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) Yes, Sir.

(b) Both Hepatitis B and AIDS-are major Public Health problems I India and require appropriate control measures.

(c) The estimated cost of introducing Hepatitis-B vaccination under iic Universal Immunisation Programme of the Country will be arouna Rs. 525 crores per annum, and around Rs. 2625 crores for 5 years. Such huge financial resources are not available within the Ministiy. Therefore, so far Hepatitis-B has not been included in the Expanded Programme of immunisation.

Cases of TB, Malaria, Kala-Azar etc.

671. PROF. M.M. AGARWAL: Will the MINISTER OF "HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether theie have been a large scale cases of T-B., Malaria. Kala-Azar, etc. in different parts of the country;

(b) if so, the reasons therefor;

(c) whether Government have taken steps to spray DDT in clcmic ruial/urban areas in the country, particularly in Uttar adcsh and Delhi;

(d) if so, the reasons therefor; and

(c) the effective measures taken to effectively control the above cases in States?

PRIME MINISTER OF STATE IN THE MINISTRY C'F HEALTH

AND FAMILY WELFARE [DR. SHRIMATI RITA VERMA]: (a) and (b)

T.B.

India accounts for about l/3rd of the global burden of T.B. However, number of cases reported by the District T.B'. Centres in the country has remained more or less static during the last few years.

Malaria

With the launching of Modified Plan of Operations (MPO) for control of Malaria since April 1997, the incident of Malaria has been brought down to 2.18 million cases in 1984, against 6.4 million cases recorded in 1976. Since then the incidence of Malaria has been contained between 0-3 million cases annually.

Kala-Azar

There has been a- declining trend since Kala - Azar1997 as indicated below:—

Year	No. of
1997	17,424
1998	13,577.
1999	11,275

(c) and (d) DDT spray is carried out rural areas only where epiderniologically indicated and where the vector sensitive to this insecticide.

(e) T.B.

The National TB Control Programme has been ordered highest priority and is included in the 20-Point programme. The main thrust now is on expansion of essential activities under the Programme with increased budgetary provision Under this Programme, 100% requirement of anti-TB drug's is provided by the Central Government and is made available to the patients free of cost.

With an objective of curing at least 80% of new sputum positive cases and detecting at least 70% of these cases, Government of India has evolved a Revised National TB Ccntrol

Programme (RNTCP) which at present covers more than 200 million population and is expected to cover 500.. million population by 2002.

Malaria

Steps taken for containment of Malaria include:—

* Intensification of vector control measures through prioritization of areas for effectiv, *spray* with appropriate insecticides and alternativc and inter-grated vector control methods.

* Interduction of never insecticides like Synthetic Pyrethroids for selective use as per technical requirements.

* Intensification of Information Education and Communication (IEC) activities for public awareness and community participation.

* Institutional and management capacity building, manpower evelopment through intensive re-orientation programme at all levels and efficient Management Information System (MIS).

* Implemention of an Enhanced Malaria Control Projcct (EMCP) with World bank support under the National Anti Malaria Programme (NAMP) since Se ptember 1997 covering 1045 primary Health Centers (PHCs) *in* 100 predominatly tribal highly Malaria endemic districts of 7 peninsular States Lamely, Andhra Pradesh, Bihar, Orissa, Gujarat, Maharashtra, Madhya Pradesh and Rajasthan and 19 cities/towns having high endemicity of malaria in these States and the States of Karnataka. Tamil Nadu and West Bengal for intensification of Malaria Control activities by way of additional inputs through a mix of interventions.

* Providing 100% Central assistance to the 7 North Eastern States since December 1994 under NMEP.

Kala-Azar

The steps taken for containment of Kala-Azar include; —

* Supply of anti Kala-Azar drug free of cost through the state Governments.

* interruption of transmission through vector control by undertaking residuai «jway of DDT in affected areas.
* Early diagnosis and complete treatment through Primary Health Care System.
* Health education and community participation.
* Organisation of Orientation Training for the Officers involved in implementation of the Kala-Azar Control Programme.

Eradication of T.B.

672. PROF. M. SANKARALINGAM: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it was mentioned at the WHO Conference in Amsterdam that 30 lakhs of children go out of schools because of direct attack of TB every year and thirty per cent of the TB patients in the world are in India;

(b) if so, the details in this regard;

(c) what steps Government intend to take to reduce the percentage of TB patients in India;

(d) whether Government have conducted any study to completely eradicate TB from the country; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA}: (a) and (b) It is estimated that about 3 lakh children go out of school every year on account of their parents being affected by TB and India accounts for about 30% of TB patients in the world.

(c) The National TB Control programme has been accorded high priority in India and is included under the 20-Point Programme. The main thrust is on early detection of the infectious sputum positive TB cases a id on treating them effectively,

The Revised National TB Control Programme (RNTCP) which aims at curing 85% of the new sputum positive cases and to detect at